



# Georgia Office of EMS and Trauma

## EMS Initial Education Program Sponsor

**EMS EDUCATION PROGRAM NAME:** \_\_\_\_\_

**EMS EDUCATION PROGRAM SPONSOR NAME:** \_\_\_\_\_

### CERTIFICATION STATEMENTS

This form outlines the responsibilities and expectations of the sponsorship organization or individual, ensuring that the EMS Initial Education Program is educationally sound and conducted according to policy requirements. All signatories acknowledge the responsibilities outlined in the policy and provide consent to the terms stated below.

#### 5.1.1 Program Sponsorship

##### 5.1.1.1 EMS Initial Education Program Sponsorship

- EMS Initial Education Programs shall be sponsored by organizations or individuals with adequate resources and dedication to carry out successful educational endeavors, as specified by the policy.

##### 5.1.1.1.2 Sponsor Responsibilities

- Program sponsors shall provide appropriate oversight and supervision to ensure that Programs:
  - Are educationally sound.
  - Meet the responsibilities listed in OEMS policy.
  - Have the required equipment and resources to conduct the Program and courses.

#### FOR PERSON SPONSORING THE EMS INITIAL EDUCATION PROGRAM:

- I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CURRENT OEMS RULES AND REGULATIONS, DPH 511-9-2, SPECIFICALLY THE SECTIONS RELATED TO EMS EDUCATION AND STANDARDS OF CONDUCT FOR LICENSEES. I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND CURRENT OEMS POLICIES AND PROCEDURES, SPECIFICALLY, THOSE THAT APPLY TO EMS EDUCATION.

#### FOR PROGRAM DIRECTOR:

- I HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT I MUST HAVE A LOGIN TO THE OFFICE OF EMS AND TRAUMA LICENSE MANAGEMENT SYSTEM AND THAT COMMUNICATIONS FROM THE OFFICE OF EMS AND TRAUMA WILL BE SENT TO MY EMAIL LISTED WITH THAT SYSTEM AND THAT THESE ARE CONSIDERED OFFICIAL COMMUNICATIONS.

### SIGNATURES **ALL SIGNATURES MUST BE HANDWRITTEN WET SIGNATURES**

*Anyone with the legal authority to represent and sign on behalf of the Sponsor of this Initial EMS Education Program may complete this form.*

|  |                |                         |
|--|----------------|-------------------------|
| _____<br>Printed Name of Person Representing Program Sponsor | _____<br>Title | _____<br>OEMS License # |
| _____<br>Signature of Person Representing Program Sponsor    |                | _____<br>Date Signed    |
| _____<br>Printed Name of Program Director                    | _____<br>Title | _____<br>OEMS License # |
| _____<br>Signature of Program Director                       |                | _____<br>Date Signed    |